

#### Welcome Nursing Facility Providers!

#### COVID-19 Updates and Q&A with LTC Regulation and DSHS May 29, 2020

For more information:

Web: https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information

Email: PolicyRulesTraining@hhsc.state.tx.us

Phone: 512-438-3161

#### **Panelist**

Cecilia Cavuto, MSML NF, ICF & LSC Policy and Rule Manager Policy, Rules and Training Long-term Care Regulation

- Introduction and overview
- Updates
- COVID-19 Response for Nursing Facilities



## **Updates**

# NFs – Apply for Up to \$3000 in CMP Funds for Communication Devices Used During COVID-19

All nursing facilities are encouraged to apply for up to \$3000 in federal civil money penalty funds per facility. These funds are to purchase communication devices to aid in connecting residents with their loved ones during the COVID-19 pandemic. Use awarded funds to buy items such as tablets, webcams, headphones and certain accessories.

The Centers for Medicare & Medicaid Services imposes CMPs against Medicare or Medicaid-certified NFs found out of compliance with federal requirements. CMP funds can be used for projects and activities that benefit NF residents by improving their quality of care or quality of life.

Visit the CMP webpage and read the Special Application Period for Communicative Devices in Nursing Facilities section for complete details and an application.



## **Updates**

# NFs – Apply for Up to \$3000 in CMP Funds for Communication Devices Used During COVID-19



Questions should be directed to: <a href="mailto:CmpApplication@hhsc.state.tx.us">CmpApplication@hhsc.state.tx.us</a>



The webinar emphasizes how to prevent or minimize the spread of infectious disease by using PPE. During this webinar you will:

- Review standard and transmissionbased precautions
- Learn proper hand hygiene techniques
- Demonstrate how to utilize PPE
- Discuss the importance of social distancing in an outbreak situation

June 5: 8:30 a.m.

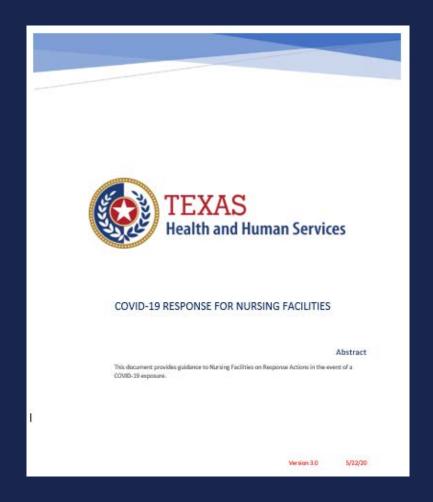
June 12: 8:30 a.m. June 26: 8:30 a.m.

Register for the webinar here.



#### **COVID-19 Response for Nursing Facilities**





- \*Updated/new information is in red font and includes:
- 1. Updates regarding Bathing and Showering (more detail on upcoming slides).
- 2. Updates regarding resident and staff testing.
  - Residents who refuse testing for COVID-19 must be isolated for 14 days and monitored for signs and symptoms of respiratory illness. Staff should wear appropriate PPE when caring for residents who refuse testing. Residents who refuse testing must *not* be cohorted with other residents who have tested positive for COVID-19 or other residents who have tested negative for COVID-19.
  - Staff who refuse testing for COVID-19 must stop working, self-quarantine at home, and self-monitor for 14 days unless they provide proof of a negative PCR test.
- 3. Updates to section titled "PPE Use When Caring for Residents with COVID-19" regarding cloth gowns (more detail on upcoming slides).





- 4. Purpose under Attachment 3 updated. "This document provides guidance to NFs, including nursing homes and SNFs"
- 5. Updated/additional CDC resource links:
  - Performing Facility-wide SARS-CoV-2
     Testing in Nursing Homes
  - Preparing for COVID-19: Long-term Care Facilities, Nursing Homes – updated 05/19/2020
  - Strategies for Optimizing the Supply of Isolation Gowns
  - Testing for Coronavirus (COVID-19) in Nursing Homes - updated 05/19/2020
- 6. Attachments have been reordered



#### **Bathing & Showering**

New section related to bathing and showering was added. It includes guidance about bathing and showering of residents:

- in NFs experiencing a COVID-19 outbreak
- with active signs and symptoms of respiratory illness
- without active signs and symptoms of respiratory illness
- in facilities both with and without dedicated bathing area for residents with COVID-19

Also includes guidance related to:

- staff use of PPE during bathing
- cleaning and sanitizing



# PPE Use When Caring for Residents with COVID-19: Cloth Gowns

New section related to the use of cloth gowns as PPE. Includes guidance regarding:

- when to use a cloth gown or disposable gown
- cleaning and laundering, including the number of times the gown can be laundered and reworn.
- alternatives to disposable gowns
- staff training
- optimizing use of PPE gowns



## Not being able to fit test N95 respirators

New section related to N95 respirator use and fit testing, including:

- what to do when NFs cannot fit-test HCW for N95 respirators
- <u>NIOSH guidance</u> for respirator use and fit testing in a serious outbreak when critical supply shortages exist
- when fit-testing should always occur







- NF COVID-19 Response plan v3.1
- Training webinars on hurricane/emergency preparedness with COVID-19 considerations



#### **Panelist**

Michelle Dionne-Vahalik, DNP, RN Associate Commissioner Long-term Care Regulation



Updates

#### **Panelist**

Renee Blanch-Haley, BSN, RN Director of Survey Operations Long-term Care Regulation





#### **Panelist**

Valerie Krueger Mental Health PASRR Specialist IDD Program Services, IDD-BH





#### **Panelist**

Dr. Michael Fischer Department of State Health Services

Updates



#### **Panelist**

Michael Gayle Director HHS/HHSC



Updates

#### **Panelist**

David Gruber
Associate Commissioner for Regional and Local
Health Operations
DSHS





#### **Panelist**

Catherine Anglin Sr. Policy Specialist; NF, ICF, LSC Policy, Rules and Training Long-term Care Regulation

Questions and Answers from the week



#### Question:

Do visitors in compassionate care end-of-life situations have to wear an N95 mask?

#### Response:

No, the <u>CDC guidance</u> does not recommend visitors permitted to enter the facility for compassionate care or end-of-life situations wear an N95 facemask. Visitors in this situation should wear a cloth face covering or surgical facemask while in the building.

Visitors should be screened prior to entry, restrict their visit to the resident's room or other location designated by the facility and frequently perform hand hygiene. If the visitor has signs or symptoms of respiratory illness, they should not be permitted to enter the facility, even for compassionate care or end-of-life situations.



#### Question:

What guidance is there for testing new hires after the current testing initiative? Do they have to be tested before they start working at the nursing facility?



#### Response:

If the new hire is able to be tested with the rest of the facility staff and residents, it is fine to have them tested – make sure to update your form to include the new employee's information. Otherwise, new hires are not required to be tested as a condition of employment.

#### **Question:**

I just received a box of 500 "face coverings" from DSHS. They look like cloth face masks. Are we allowed to use these in the facility as a preventative measure?

#### Response:

If they are face coverings that look like cloth facemasks, they can be worn by residents who are not ill when the residents leave their bedrooms. They should not be used by residents who are ill or staff.



#### Question:

Are all HHSC surveyors required to participate in these webinars and review the FAQs?

#### Response:

These webinars are open to everyone, including surveyors, but it is not requirement.

If you have concerns about survey inconsistencies, please fill out the <u>survey comment card</u>. If you have questions about policy, rule or guidance, email <u>PolicyRulesTraining@hhsc.state.tx.us</u>.



#### Question:

If lab results come back positive for a staff member, but more than 14 days have passed since the test was administered, does the staff member still have to self-quarantine?

#### Response:

A positive COVID-19 result, even if it comes late, still reflects possible transmission of the virus within the facility and should still prompt repeat testing at the facility.

In addition, the person who tested positive, whether it is a staff member or resident, will not require isolation, but the facility will need to make sure that the person has met the criteria to discontinue isolation. That can be symptom-based (i.e., 10 days since symptom onset AND at least 72 hours of no fever/improving symptoms) or test-based (i.e., at least 2 subsequent negative PCR tests). There is no preference of one strategy over the other by CDC. If the person was asymptomatic for the entire duration, they can use a time-based strategy (i.e., 10 days from the time of the positive test) to end their isolation period.

Other people in the facility who had close contact with the COVID-19 positive person must be isolated and monitored for 14 days. The infectious period is 48 hours prior to symptom onset though the time that isolation could be discontinued.





## Questions?

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## Thank you!

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